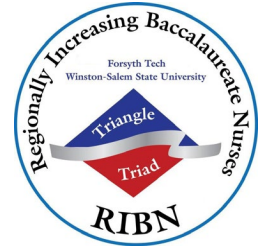


RIBN LPN-BSN Application

Summer 2020

Forsyth Tech/Winston-Salem State University



Name _____

Last

First

M.I.

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number(s) _____

Email Address* _____

**Information regarding your application will be sent to this email address. You should check your email frequently throughout the application period.*

Education

Please provide the following information for high school and *all* colleges attended or in which you are currently enrolled:*

Month/Year of High School Graduation _____

If you did not graduate high school, month/year that you completed a GED _____

Name of College _____

Dates attended (Month/Year) _____ to _____

Name of Degree or Diploma awarded _____ GPA _____

Name of College _____

Dates attended (Month/Year) _____ to _____

Name of Degree or Diploma awarded _____ GPA _____

Name of College _____

Dates attended (Month/Year) _____ to _____

Name of Degree or Diploma awarded _____ GPA _____

Name of College _____

Dates attended (Month/Year) _____ to _____

Name of Degree or Diploma awarded _____ GPA _____

Have you completed ENG 111 with a grade of "C" or higher? ___ Yes ___ No

Have you completed PSY 150 with a grade of "C" or higher? ___ Yes ___ No

**Failure to report and provide transcripts for all colleges attended may result in ineligibility*

LPN Work Experience/Licensure

Do you hold an unrestricted license to practice as an LPN in the State of NC? ___Yes ___No

Will you have completed six months of full-time employment as an LPN by May 1, 2020?

___Yes ___No

LPN License Number: _____

SAT/ACT scores

Do you have any ACT, SAT, or AP test scores? ___Yes ___No

Transcripts

All applicants must submit official transcripts from high school and all colleges attended. College transcripts must include grades through the fall 2019 semester or through the last semester enrolled. Mail transcripts to the RIBN Advisor or submit electronically through the National Student Clearinghouse to admissions@forsythtech.edu or aburcham@forsythtech.edu. Mailed transcripts must arrive in a sealed, unopened envelope with the school seal or an original authorized signature. Transcripts are due by 5:00 PM on **February 10, 2020**.

Application Deadlines

Applications for Summer 2020 RIBN cohort will be accepted from October 1, 2019 until 5:00 PM on February 10, 2020.

Eligible applicants completing the application process by the deadline dates as specified above will be considered for the RIBN program. For information on the program, application process and selection please visit the webpage at

<https://www.forsythtech.edu/apply/admission-requirements/nursing-allied-health-programs/ribn>

I certify that I have read the information above and that my responses to questions on the application are true to the best of my knowledge. In addition, I give my permission to Forsyth Technical Community College and Winston-Salem State University to share information as necessary to expedite the RIBN application process.

Signature _____ Date _____

Submit your application and required documents to:

Angela Burcham
RIBN Advisor
Forsyth Tech Community College
Paul M. Wiles School of Nursing, Room 200
2100 Silas Creek Parkway
Winston-Salem, NC 27103

Phone (336) 757-3671
Fax (336) 734-7444
Email: aburcham@forsythtech.edu
Please contact the RIBN Advisor with any questions.